

POSITION	INITIALS	ID NO.	DATE
	<i>DS</i>		<i>06/07/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EW</i>	<i>611</i>	<i>6/13/2000</i>
FORMALITY REVIEW	<i>W</i>		<i>8-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/04/03
2	✓	✓	6/13/02
3	✓	✓	10/24/02
4	✓	✓	2/16/04
5	✓	✓	4/9/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	1/06/03
52	✓	✓	6/13/03
53	✓	✓	10/24/02
54	✓	✓	2/16/04
55	✓	✓	4/9/04
56	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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